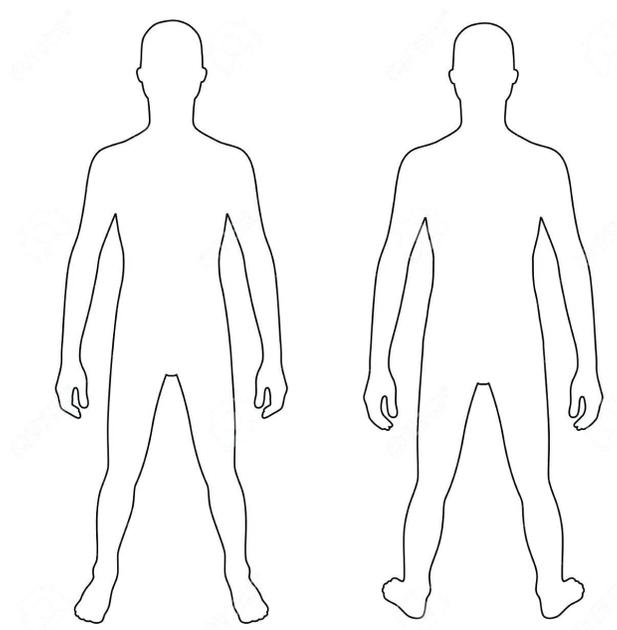


BODY AWARENESS ASSESSMENT (STUDENT COPY)

Describe your relationship to your body:

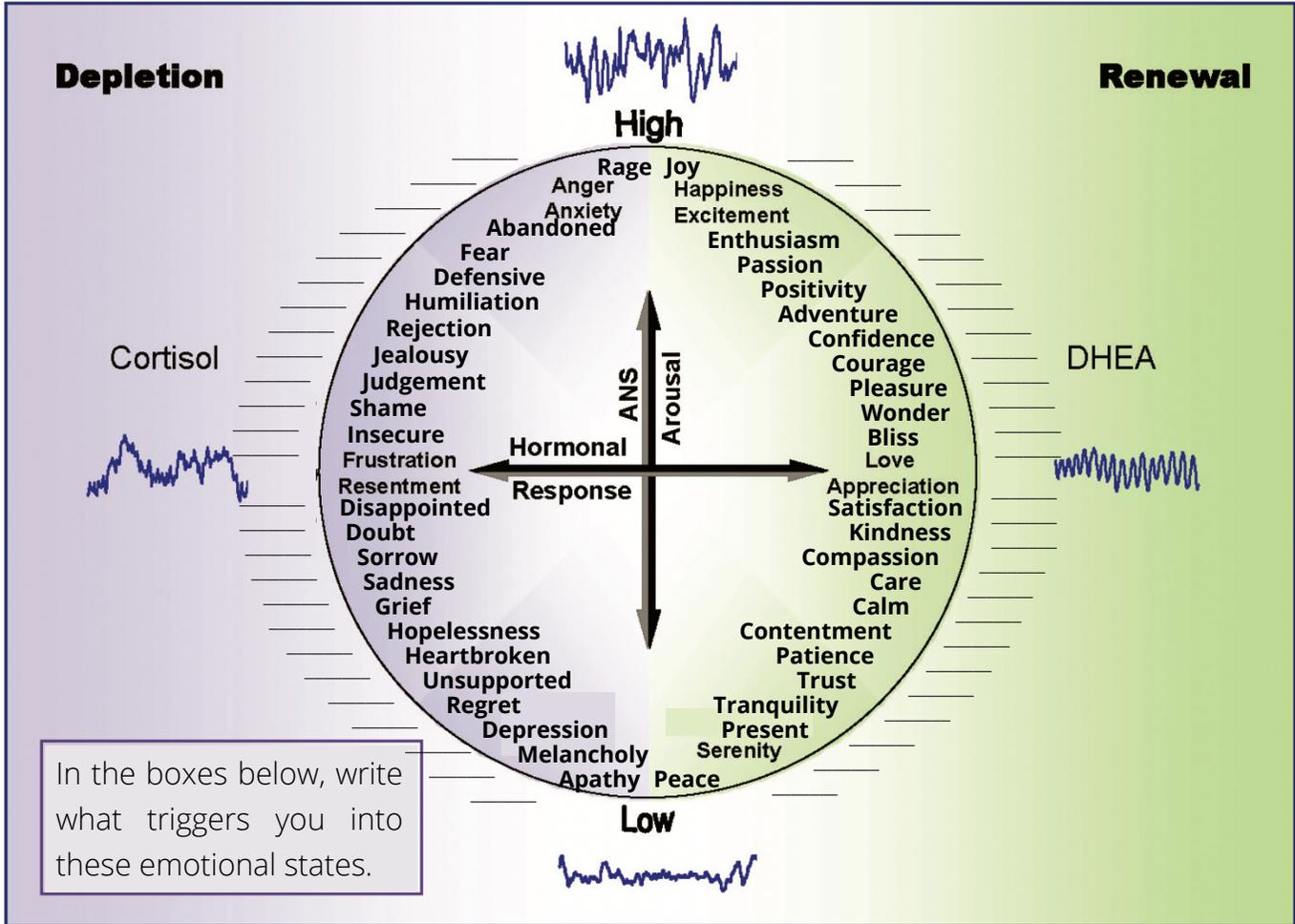
What triggers body awareness? When does it happen? How often do you notice?

Physical Sensations and States: Tightness, tension, soreness, achy, pressure, stabbing, prickly, painful tingling, burning, buzzy, itchy, pounding, shaky, trembling, fluttery, shivery, wobbly, shortness of breath, tight chest, congested, empty, hollow, dull, hollow, heavy, drained, closed, fuzzy, constricted, rigid, numb, limp, slow, tired, queasy, nausea, stuck, frozen, racing, relaxed, calm, still, tender, expansive, energized, inflated, infinite, full, light, euphoric, blissful, open, tickles, soothing, soft, silky, pleasurable tingling, warm, hot, cool, cold, flexible, grounded, powerful, strong, stable, spacious, flowing, floating, fluid, sensitive, free, clear, balanced, aligned, vibrating, vitality, pulsing



EMOTIONAL AWARENESS ASSESSMENT (STUDENT COPY)

Rate the following emotions and how frequently you experience them on a scale of 0-5.
 0 = Suppressed/Avoided 1 = Yearly 2 = Quarterly 3 = Monthly 4 = Weekly 5 = Daily
 *Star any emotions that have patterns or triggers associated with them.



In the boxes below, write what triggers you into these emotional states.

High Intensity Depleting Emotions _____

High Intensity Renewing Emotions _____

Low Intensity Depleting Emotions _____

Low Intensity Renewing Emotions _____

ENERGETIC AWARENESS ASSESSMENT (STUDENT COPY)

Muscle Testing Score: -5 = Most Underactive 0 = Balanced +5 = Most Overactive



CHAKRA BALANCING NOTES

MINDSET AND BELIEF ASSESSMENT (STUDENT COPY)

When was the last time you felt a sense of fulfillment, happiness, alignment with your higher self, or alignment to your purpose in life? What was your life like then?

HEART: What emotions were you experiencing then?

BODY: How did your body feel during that time?

MIND: What were your beliefs and thoughts about yourself and your life?

SPIRIT: How did you know you were fulfilled and aligned with a sense of purpose?

NOTES:

MINDSET AND BELIEF ASSESSMENT (STUDENT COPY)

What makes these good feelings and sense of alignment fade away or pull you off track?

Have you had any life events, experiences, or transitions that have made a negative impact on you? Have you spent time healing from them?

Where else do you feel resistance or personal blocks to creating the life you really want?
(negative self talk, procrastination, frustration)

PROGRAM INTENTIONS (STUDENT COPY)

What will it look like to expand your sense of purpose, and live in alignment to your higher self?

Write a clear program intention about what you would like to create.

Circle YES or NO to the following questions:

YES NO Are you able to commit to a 1-3 hour session per week for 3-6 months to make this intention a reality?

YES NO Are you able to commit to three 10-20 minute meditations per week for 3-6 months to make this intention a reality?

YES NO Are you able to commit to 1 follow-up assignment per month to make this intention a reality?

Signature _____ Date _____